



# MARYLAND DEPARTMENT OF JUVENILE SERVICES

## POLICY & PROCEDURE

**SUBJECT:** Incident Reporting Policy  
**NUMBER:** MGMT-03-07 (Management)  
**APPLICABLE TO:** DJS Employees, Residential Facilities and Public and Private DJS Programs  
**EFFECTIVE DATE:** November 28, 2007 \*\* (Revised 7/07/08) \*\*

Approved: "/s/signature on original copy"  
Donald W. DeVore, Secretary

1. **POLICY.** The Department of Juvenile Services (DJS) employees, and employees of public and private vendors serving youth under DJS supervision, shall report and manage incidents involving a youth or program in a manner that provides for the public safety and the proper care, health, safety, and humane treatment of DJS youth. Additionally, DJS employees, and employees of public and private vendors, shall notify law enforcement and the local Department of Social Services (DSS) of incidents as required by law.
2. **AUTHORITY.**
  - a. Annotated Code of Maryland, Human Services Article, §§ 9-202 to 9-205.
  - b. Annotated Code of Maryland, Family Law Article, §§ 5-704, 5-705, 5-705.1.
  - c. COMAR - 14.31.05 - 07, Residential Child Care Programs.
  - d. COMAR - 16.17.05.04E, Non-Residential Programs.
  - e. Department of Juvenile Services Standards of Conduct and Disciplinary Process.
  - f. American Correctional Association, Standards for Juvenile Detention Facilities, 3-JDF-4C-45.
3. **DEFINITIONS.**
  - a. *Business Hours* means 8:00 a.m. until 5:00 p.m. every day excluding Saturday, Sunday, declared State emergencies and holidays.
  - b. *Case Management Specialist* means a youth's residential, community or aftercare case manager, as applicable.
  - c. *Contraband* means any item, material, substance, or other item that is not authorized for employee or youth possession by the Department or is brought into a juvenile facility in a manner prohibited by the Department. Contraband also includes excess quantities of approved items.
  - d. *Critical Incident* means any event which requires immediate and/or medical attention, as well as incidents that create an imminent risk to public safety or are likely to attract media attention.
  - e. *Facility Administrator* means an employee with primary on-site management responsibility of a program providing care, supervision, or treatment to youth under DJS jurisdiction.
  - f. *OIA Administrator* means an administrator/supervisor of OIA who receives notification of critical incidents between the hours of 5:00 p.m. to 8:00 a.m. weekdays, all day on Saturday, Sunday, declared State emergencies and holidays.

- g. *Program* means a non-residential or residential placement or activity operated by the Department, or a private or public vendor that is directly involved with the care, supervision, or treatment, of youth who are under the jurisdiction of the Department, or a facility and activity licensed and/or certified by the Department.
- h. *Reportable Incident* means any event which results or may result in a major disruption to a program, results or may result in significant harm to youth or employees while on duty, or may have a negative impact on the Department.

#### 4. **PROCEDURES.**

##### a. **General Procedures.**

(1) The following facilities are designated by law as places of confinement:

- (i) Alfred D. Noyes Children's Center,
- (ii) Baltimore City Juvenile Justice Center,
- (iii) Charles H. Hickey, Jr. School,
- (iv) Cheltenham Youth Facility,
- (v) J. DeWeese Carter Youth Center,
- (vi) Lower Eastern Shore Children's Center,
- (vii) Thomas J.S. Waxter Children's Center,
- (viii) Victor Cullen Center,
- (ix) Western Maryland Children's Center, and
- (x) Youth Centers

(2) The following are considered critical incidents:

- (i) Alleged physical child abuse (DJS custody/supervision),
- (ii) Alleged sexual assault youth on youth (DJS custody/supervision),
- (iii) Alleged sexual contact/abuse (DJS custody/supervision),
- (iv) Alleged youth on staff sexual assault,
- (v) Death of a staff member while on duty,
- (vi) Death of a youth (DJS custody),
- (vii) Death of a youth (DJS supervision or private program),
- (viii) Escape from a facility designated by law as a place of confinement,
- (ix) Escape of a detained youth from DJS custody (off grounds),
- (x) Group disturbance resulting in bodily harm/property destruction,
- (xi) Staff charged with criminal behavior, including DUI, and
- (xii) Physical Restraint requiring off grounds medical treatment.

(3) The following are considered reportable incidents:

- (i) Alleged inappropriate conduct/comments by staff,
- (ii) Alleged neglect (DJS custody/supervision),
- (iii) Alleged neglect (not in DJS custody/supervision),
- (iv) Alleged physical child abuse (not in DJS custody/supervision),
- (v) Alleged sexual assault youth on youth (not in DJS custody/supervision),

- (vi) Alleged sexual contact/abuse (not in DJS custody/supervision),
- (vii) Arrest of youth(s) (Community and Program Services employees shall only report violent felonies),
- (viii) Attempted escape from DJS custody (off grounds),
- (ix) Attempted escape from a facility designated by law as a place of confinement,
- (x) Attempted escape from a staff secure facility,
- (xi) Automobile accident involving a DJS vehicle or staff privately owned vehicle transporting youth in DJS care and custody,
- (xii) AWOL of youth(s),
- (xiii) Contraband confiscated that would compromise the safety and security of a facility or program,
- (xiv) Curfew violation,
- (xv) Death of a staff member while not on duty,
- (xvi) Destruction of State property,
- (xvii) Escape from a staff secure facility,
- (xviii) Law enforcement on grounds for incident, inquiry or allegation,
- (xix) Physical assault youth on youth,
- (xx) Physical plant problem which pose an escape risk or a health and/or safety risk to youth and/or employees,
- (xxi) Physical Restraint of a youth
- (xxii) Seclusion lasting longer than eight hours,
- (xxiii) Suicide ideation, gesture, attempt or behavior,
- (xxiv) Youth in a DJS program requiring emergency/hospital care,
- (xxv) Youth requiring non-routine off grounds medical care (sports or non-incident related injury) and
- (xxvi) Youth requiring on grounds medical care (sports or non-incident related injury).

- (4) The **DJS Incident Reporting Form (Appendix 1)** shall be used to report all incidents (critical and reportable) related to public safety and the proper care, health, safety and humane treatment of DJS youth. ***A Step-by-Step Guide to Completing the Maryland Department of Juvenile Services' Incident Reporting Form (Appendix 2)*** shall provide employees with instructions for properly completing the **DJS Incident Reporting Form**.
- (5) Each Facility Administrator, Regional or Area Director shall designate one or more employees to enter information from the **DJS Incident Reporting Form** into the DJS Incident Reporting Database.
- (6) Each Facility Administrator, Area or Regional Director shall ensure all incidents are accurately entered into the DJS Incident Reporting Database, documents and video recordings (provide copy of videotape to OIA Investigator) relating to the incident are properly maintained and collaboration with OIA as investigations are conducted.

**a. Reporting of Incidents - Community and Program Services.**

**(1) Critical Incidents.**

- (i) The following procedure is required during business hours:
  - (a) The employee involved in or having knowledge of a critical incident shall immediately report the incident to their Supervisor, or to their Area or Regional Director if their Supervisor is not available.
  - (b) The Supervisor, Area or Regional Director shall ensure that the OIA Administrator and the Assistant Secretary for Community and Program Services are notified within one hour of the incident's occurrence.
  - (c) The employee involved in or having knowledge of the incident shall complete and submit a **DJS Incident Reporting Form** to their Supervisor, or to their Area or Regional Director if their Supervisor is not available, for review and approval, prior to the end of the employee's work day.
  - (d) The Supervisor, Area or Regional Director shall ensure the **DJS Incident Reporting Form** is complete, accurate and all supporting documents (e.g. witness statements) are attached, and that the **DJS Incident Reporting Form** is faxed to the attention of the OIA Administrator by 9:00 a.m. the next business day following the incident.
- (ii) After business hours, the employee involved in or having knowledge of an incident shall verbally report the critical incident to the OIA Administrator within one hour.
- (iii) In the absence of a Supervisor, Area or Regional Director, employees shall verbally report critical incidents within one hour of the incident's occurrence to the Assistant Secretary for Community and Program Services.
- (iv) The Director of Facilities Maintenance, Fleet and Lease Properties shall be immediately notified in all cases of physical plant damage which pose an escape risk, or a health and/or safety risk to youth and/or employees.

**(2) Reportable Incidents.**

Employees shall follow the same procedures as in critical incidents, excluding verbal notification to the OIA Administrator within one hour of the incident's occurrence.

**(3) The Area or Regional Director, upon receiving knowledge of a critical or reportable incident, shall ensure:**

- (i) Written witness statements are obtained from all youth and employees who are involved in or have knowledge of the incident.
- (ii) DSS and law enforcement are contacted when an incident involves

- neglect or abuse in accordance with the DJS Reporting and Investigating Child Abuse and Neglect Policy.
  - (iii) Law enforcement is contacted to report possible criminal acts.
  - (iv) The Assistant Secretary of Community and Program Services as appropriate is contacted to report the incident.
  - (v) The youth's parent, legal guardian, or custodian is notified of the incident within two hours of the incident's occurrence.
- (4) The Assistant Secretary of Community and Program Services, upon receiving knowledge of a critical incident, shall notify:
- (i) The Deputy Secretary for Operations or Deputy Secretary for Administration, as appropriate, and
  - (ii) The Public Information Officer, when applicable.

**c. Reporting of Incidents - DJS Residential Facilities.**

**(1) Critical Incidents.**

- (i) The following procedure is required during business hours:
  - (a) The employee involved in or having knowledge of a critical incident shall immediately report the incident to the Shift Commander.
  - (b) Once the situation is under control, the Shift Commander shall immediately report the incident to the Facility Administrator.
  - (c) The Facility Administrator shall ensure the OIA Administrator and the Office of the Assistant Secretary of Residential Services are notified within one hour of the incident's occurrence.
  - (d) The employee involved in or having knowledge of the incident shall complete and submit a **DJS Incident Reporting Form** to the Shift Commander for supervisory review and approval, prior to the end of the employee's shift.
  - (e) The Shift Commander shall ensure the **DJS Incident Reporting Form** is complete, accurate and all supporting documents (e.g. witness statements) are attached.
  - (f) A Shift Commander shall ensure the incident is entered into the DJS Incident Reporting Database by the close of the next business day following the incident.
  - (g) The Director of Facilities Maintenance, Fleet and Lease Properties shall be immediately notified in all cases of physical plant damage which pose an escape risk, or a health and/or safety risk to youth and/or employees.
- (ii) After business hours, procedures remain the same as during business hours (1(i)a, b, d, e, f, g); in addition, notification of the Assistant Secretary for Residential Services and OIA is as follows:

- (a) The Facility Administrator shall verbally notify the Assistant Secretary for Residential Services of the critical incident within one hour of the incident's occurrence.
- (b) The Shift Commander shall notify the OIA Administrator within one hour of the incident's occurrence.

**(2) Reportable Incidents.**

Employees shall follow the same procedures as for critical incidents, excluding verbal notification to the Assistant Secretary for Residential Services and OIA Administrator within one hour of the incident's occurrence.

**(3) Facility Administrator Responsibilities.**

- (i) An incident report file is maintained on every incident. The incident report file shall include a copy of the **DJS Incident Reporting Form** (handwritten and electronic) and supporting documentation (videotape, witness statements, Nurses Report of Injury with photograph, and other documentation as applicable).
- (ii) All incidents related to child abuse or neglect are reported to the local DSS/Child Protective Services (CPS) and law enforcement in accordance with the DJS Reporting and Investigating Child Abuse and Neglect Policy. A copy of the completed **DJS Incident Reporting Form** shall be forwarded to DSS upon request.
- (iii) Written witness statements are obtained from all youth and employees involved in or knowledgeable of the incident.
- (iv) All incidents are reported to the Office of the Assistant Secretary for Residential Services.
- (v) Parent, legal guardian, or custodian of the youth involved in an incident is notified within two hours of the incident's occurrence.
- (vi) E-mail and/or telephone notification of the youth's involvement in the incident to the youth's Case Management Specialist and to the Area or Regional Director to which the youth's Case Management Specialist is assigned.
- (vii) Immediate contact with the Director of Facilities, Fleet and Lease Properties in the event of physical plant damage which poses an escape risk, or a health and/or safety risk to youth and/or employees.
- (viii) Administrative review of incident report files are completed within 72 hours of incident's occurrence.

**(4) OIA Investigator Responsibilities.**

- (i) OIA shall investigate:
  - (a) Alleged physical or sexual child abuse and neglect.
  - (b) Escape from DJS facilities designated by law as places of confinement.

- (c) Serious allegations of staff misconduct, including but not limited to fraud, sexual misconduct while on duty, inappropriate racial, religious and/or sexual orientation comments and any allegations that rise to the level of a criminal complaint.
- (d) Youth on youth sexual misconduct.
- (e) Physical restraint when an injury occurs that warrants medical attention beyond first aid.
- (f) Group disturbances when injuries to youth or staff occur and/or law enforcement is summoned to respond.
- (g) Suicidal behavior where there is indication of staff neglect or inattentiveness.
- (h) AWOL when there is indication of staff neglect or inattentiveness.
- (i) Any other incident when additional information is obtained that warrants an investigation.
- (j) Any incident when the Secretary, Executive Staff or Facility Administrator requests an investigation.
- (ii) Train facility staff on proper methods for reviewing incident reports.

**d. Reporting of Incident - Vendors.**

**(1) Critical Incidents.**

- (i) The following procedures are required during business hours:
  - (a) The employee involved in or having knowledge of a critical incident shall immediately report the incident to a member of the Program's management staff.
  - (b) A member of the Program's management staff shall notify the OIA Administrator of the incident within one hour of the incident's occurrence.
  - (c) The Program's management staff shall ensure a DJS Incident Reporting Form is completed, entered into the DJS Incident Reporting Database and electronically forwarded to OIA by 9:00a.m. the next business day. If access to the DJS Incident Reporting Database is not available, the DJS Incident Reporting Form shall be faxed to the attention of the OIA Administrator by 9:00 a.m. the next business day following the incident.
- (ii) After business hours, procedures remain the same as during business hours with the additional requirement to notify the OIA Administrator within one hour of the incident's occurrence.

**(2) Reportable Incidents.**

Employees shall follow the same procedures as in critical incidents, excluding verbal notification to OIA Administrator within one hour of the

incident's occurrence.

**e. OIA Administrator Responsibility.**

Report the critical incident to the Public Information Officer, where applicable.

**f. Victim Notification of Escapes.**

(1) The Regional or Area Director shall ensure:

- (i) The Case Management Specialist assigned to the youth shall notify victims who have completed a Crime Victim Notification Request and Demand for Rights Form whenever DJS receives a report that a DJS youth has escaped from any facility/program.
- (ii) The Case Management Specialist assigned to the youth documents in the youth's file including, but not limited to the following:
  - (a) The name of each person requesting or requiring notification;
  - (b) The date, time, and method of each notification attempt;
  - (c) The result of each notification attempt; and
  - (d) The name of the DJS employee attempting notification.
- (iii) The Case Management Specialist assigned to the youth shall forward a copy of each victim notification document to the appropriate Regional or Area Director.

**5. DIRECTIVES/POLICIES AFFECTED.**

- a. Directives/Policies Rescinded - **MGMT-2-01 (Incident Reporting Policy)  
MGMT-1-02 (On-Call Administrator Policy)**
- b. Directives/Policies Referenced - **MGMT-1-00 (Reporting and Investigating Child Abuse and Neglect)**

**6. LOCAL IMPLEMENTING PROCEDURES REQUIRED. Yes.**

**7. FAILURE TO COMPLY.**

Failure to comply with a Secretary's Policy and Procedure shall be grounds for disciplinary action up to and including termination of employment.

**Appendices – 2**

- 1. DJS Incident Reporting Form
- 2. A Step-by-Step Guide to Completing the Maryland Department of Juvenile Services' Incident Reporting Form





# Maryland Department of Juvenile Services

## INCIDENT REPORTING FORM

Incident Report #: \_\_\_\_\_

Together Reshaping Young Lives

Martin O'Malley  
Governor

Anthony G. Brown  
Lt. Governor

Donald W. DeVore  
Secretary

### A. Date, Time, and Location

Facility: \_\_\_\_\_ Location within Facility: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Staff Filing Report: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Title: \_\_\_\_\_

Time Reported: \_\_\_\_\_

Staff Involved: \_\_\_\_\_

### B. Type of Incident (Choose as many as apply)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> AWOL of Youth(s)  | <input type="checkbox"/> Alleged Inappropriate conduct/comments by staff                    | <input type="checkbox"/> Alleged Inappropriate conduct/comments by youth  | <input type="checkbox"/> Alleged Neglect (DJS custody/supervision)                                       |
| <input type="checkbox"/> Alleged Neglect (Not in DJS custody/supervision)                | <input type="checkbox"/> Alleged Physical Child Abuse (DJS custody/supervision)             | <input type="checkbox"/> Alleged Physical Child Abuse (Not in DJS Custody/Supervision)                                | <input type="checkbox"/> Alleged Sexual Contact/Abuse (DJS custody/supervision)                          |
| <input type="checkbox"/> Alleged Sexual Contact/Abuse (Not in DJS Custody/Supervision)   | <input type="checkbox"/> Alleged Sexual assault youth on youth (DJS custody/supervision)    | <input type="checkbox"/> Alleged Sexual assault youth on youth (Not in DJS Custody/Supervision)                       | <input type="checkbox"/> Alleged Youth on Staff Physical Assault   |
| <input type="checkbox"/> Alleged Youth on Staff Sexual Assault                           | <input type="checkbox"/> Arrest of youth(s)   | <input type="checkbox"/> Attempted Escape from DJS Custody (off grounds)  | <input type="checkbox"/> Attempted Escape from a facility designated by law as a place of confinement    |
| <input type="checkbox"/> Attempted Escape from a staff secure facility                   | <input type="checkbox"/> Automobile Accident Involving DJS Vehicle/Staff                    | <input type="checkbox"/> Contraband   | <input type="checkbox"/> Curfew Violation  |
| <input type="checkbox"/> Death of a staff member   | <input type="checkbox"/> Death of a staff member while on duty                              | <input type="checkbox"/> Death of a youth (DJS Custody)   | <input type="checkbox"/> Death of a youth (DJS Supervision or Private Program)                           |
| <input type="checkbox"/> Destruction of property   | <input type="checkbox"/> Escape from DJS Custody (off grounds)                              | <input type="checkbox"/> Escape from a facility designated by law as a place of confinement                           | <input type="checkbox"/> Escape from a staff secure facility   |
| <input type="checkbox"/> Group disturbance resulting in bodily harm/property destruction | <input type="checkbox"/> Group disturbance resulting in no bodily harm/property destruction | <input type="checkbox"/> Law enforcement on grounds for incident, inquiry or allegation                               | <input type="checkbox"/> Locked door seclusion of a youth for more than eight hours                      |
| <input type="checkbox"/> Physical Restraint  | <input type="checkbox"/> Physical assault youth on youth                                    | <input type="checkbox"/> Physical plant problem   | <input type="checkbox"/> Sick youth requiring emergency/hospital care                                    |
| <input type="checkbox"/> Staff charged with criminal behavior, including DUI             | <input type="checkbox"/> Suicide Ideation, Gesture, Attempt or Behavior.                    | <input type="checkbox"/> Youth requiring non-routine off grounds medical care (Sports or non incident related injury) | <input type="checkbox"/> Youth requiring on grounds medical care (Sports or non incident related injury) |
| <input type="checkbox"/> Other: _____  |   |   |  |

### Glossary of Terms

AWOL: Involves only group homes.

Alleged Physical or Sexual Abuse or Neglect (not in DJS custody or supervision): When a youth alleges that he or she was abused or neglected by a parent, guardian or other non DJS or group home staff

Alleged Physical or Sexual Abuse or Neglect (in DJS custody or supervision): When a DJS youth alleges that he or she was abused or neglected by another youth or staff person while in DJS custody or in a group home.

Escape from a facility designated by law enforcement as a place of confinement: This only includes Hickey, Cheltenham, BCJJC, WMCC, LESCC, Noyes, Waxter, Victor Cullen Center and DJS Youth Centers.

Attempted Escape from a facility designated by law enforcement as a place of confinement: This only includes Hickey, Cheltenham, BCJJC, WMCC, LESCC, Noyes, Waxter, Victor Cullen Center and DJS Youth Centers.

Escape from DJS Custody (off grounds): When a youth in DJS custody assigned to Hickey, Cheltenham, BCJJC, WMCC, LESCC, Noyes, the Youth Centers, Thomas O'Farrell, MYRC, Waxter or Victor Cullen Center is taken off grounds (for example, to a doctors appointment) and escapes from the transporting staff.

## C. Youth Involved

Assist # (if applicable) _____		Name _____	
Role in Incident	<input type="checkbox"/> Youth Involved	<input type="checkbox"/> Youth Witness	<input type="checkbox"/> Other: _____
Physical Restraint Used	<input type="checkbox"/> Cradle Seated	<input type="checkbox"/> Cradle Standing	<input type="checkbox"/> Cradle Wrap <input type="checkbox"/> None
	<input type="checkbox"/> Passive Escort	<input type="checkbox"/> Passive Restraint	<input type="checkbox"/> Passive Restraint Seated <input type="checkbox"/> Pivot and Parry
	<input type="checkbox"/> Shoulder Support	<input type="checkbox"/> Side Restraint	<input type="checkbox"/> Therapeutic Escort <input type="checkbox"/> Therapeutic Restraint
	<input type="checkbox"/> Other: _____		
Injury Sustained?			
Duration of Physical Restraint	<input type="checkbox"/> 01 - 15 Min.	<input type="checkbox"/> 16 - 30 Min.	<input type="checkbox"/> 31 - 45 Min. <input type="checkbox"/> 46 - 60 Min.
	<input type="checkbox"/> > 60 Min. Explain!.	<input type="checkbox"/> N/A	
Mechanical Restraint Used	<input type="checkbox"/> Flex Cuffs	<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Handcuffs and Leg Irons <input type="checkbox"/> Legirons
Duration of Mechanical Restraint	<input type="checkbox"/> 01 - 15 Min.	<input type="checkbox"/> 106 - 120 Min.	<input type="checkbox"/> 16 - 30 Min. <input type="checkbox"/> 31 - 45 Min.
	<input type="checkbox"/> 46 - 60 Min.	<input type="checkbox"/> 60 - 75 Min.	<input type="checkbox"/> 76 - 90 Min. <input type="checkbox"/> 91 - 105 Min.
	<input type="checkbox"/> > 2hr. Explain!.	<input type="checkbox"/> N/A	
Staff involved in restraint			
De-escalation Efforts Made			
Seclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Location: _____
Duration of Seclusion	<input type="checkbox"/> 01-30 Min.	<input type="checkbox"/> 1-<2 Hr.	<input type="checkbox"/> 2-<4 Hr. <input type="checkbox"/> 31-60 Min.
	<input type="checkbox"/> 4-6< Hr.	<input type="checkbox"/> 6-<8Hr.	<input type="checkbox"/> N/A
Injury Severity Rating	<input type="checkbox"/> 1 - No visible injury or pain	<input type="checkbox"/> 2 - Injury or pain requiring basic first aid treatment only	<input type="checkbox"/> 3 - Injury or pain requiring in facility/program medical treatment beyond first aid <input type="checkbox"/> 4 - Injury or pain requiring assessment/treatment as an outpatient at an outside medical facility
	<input type="checkbox"/> 5 - Injury or pain requiring assessment/treatment as an inpatient at an outside medical facility	<input type="checkbox"/> 6 - Injury resulting in the death of a youth	
Gang Involvement	<input type="checkbox"/> 18th Street	<input type="checkbox"/> ABM	<input type="checkbox"/> None <input type="checkbox"/> Bloods
	<input type="checkbox"/> CBS	<input type="checkbox"/> Crips	<input type="checkbox"/> Langley Park Crew <input type="checkbox"/> MS 13
	<input type="checkbox"/> Sur 13	<input type="checkbox"/> Vatos Locos	<input type="checkbox"/> Other: _____ <input type="checkbox"/> Unknown
Contraband Found	<input type="checkbox"/> Drugs	<input type="checkbox"/> Weapon	<input type="checkbox"/> Other: _____

**C. Youth Involved - continued** (Make as many copies of this page as required.)

Assist # (if applicable) _____		Name _____	
Role in Incident	<input type="checkbox"/> Youth Involved	<input type="checkbox"/> Youth Witness	<input type="checkbox"/> Other: _____
Physical Restraint Used	<input type="checkbox"/> Cradle Seated	<input type="checkbox"/> Cradle Standing	<input type="checkbox"/> Cradle Wrap
	<input type="checkbox"/> Passive Escort	<input type="checkbox"/> Passive Restraint	<input type="checkbox"/> Passive Restraint Seated
	<input type="checkbox"/> Shoulder Support	<input type="checkbox"/> Side Restraint	<input type="checkbox"/> Therapeutic Escort
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Pivot and Parry	<input type="checkbox"/> Therapeutic Restraint
Injury Sustained?			
Duration of Physical Restraint	<input type="checkbox"/> 01 - 15 Min.	<input type="checkbox"/> 16 - 30 Min.	<input type="checkbox"/> 31 - 45 Min.
	<input type="checkbox"/> > 60 Min. Explain!.	<input type="checkbox"/> N/A	<input type="checkbox"/> 46 - 60 Min.
Mechanical Restraint Used	<input type="checkbox"/> Flex Cuffs	<input type="checkbox"/> Handcuffs	<input type="checkbox"/> Handcuffs and Leg Irons
Duration of Mechanical Restraint	<input type="checkbox"/> 01 - 15 Min.	<input type="checkbox"/> 106 - 120 Min.	<input type="checkbox"/> 16 - 30 Min.
	<input type="checkbox"/> 46 - 60 Min.	<input type="checkbox"/> 60 - 75 Min.	<input type="checkbox"/> 76 - 90 Min.
	<input type="checkbox"/> > 2hr. Explain!.	<input type="checkbox"/> N/A	<input type="checkbox"/> 31 - 45 Min.
			<input type="checkbox"/> 91 - 105 Min.
Staff involved in restraint			
De-escalation Efforts Made			
Seclusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Location: _____
Duration of Seclusion	<input type="checkbox"/> 01-30 Min.	<input type="checkbox"/> 1-<2 Hr.	<input type="checkbox"/> 2-<4 Hr.
	<input type="checkbox"/> 4-6< Hr.	<input type="checkbox"/> 6-<8Hr.	<input type="checkbox"/> N/A
Injury Severity Rating	<input type="checkbox"/> 1 - No visible injury or pain	<input type="checkbox"/> 2 - Injury or pain requiring basic first aid treatment only	<input type="checkbox"/> 3 - Injury or pain requiring in facility/program medical treatment beyond first aid
	<input type="checkbox"/> 5 - Injury or pain requiring assessment/treatment as an inpatient at an outside medical facility	<input type="checkbox"/> 6 - Injury resulting in the death of a youth	<input type="checkbox"/> 4 - Injury or pain requiring assessment/treatment as an outpatient at an outside medical facility
Gang Involvement	<input type="checkbox"/> 18th Street	<input type="checkbox"/> ABM	<input type="checkbox"/> None
	<input type="checkbox"/> CBS	<input type="checkbox"/> Crips	<input type="checkbox"/> Langley Park Crew
	<input type="checkbox"/> Sur 13	<input type="checkbox"/> Vatos Locos	<input type="checkbox"/> Other: _____
Contraband Found	<input type="checkbox"/> Drugs	<input type="checkbox"/> Weapon	<input type="checkbox"/> Other: _____

## D. The Details

(Describe the incident in detail. Use additional sheets if necessary.)

- 1 What happened just before the incident?  

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- 2 Who was there when the incident occurred? Number of youth present?  
(Include youth, staff and others who were present whether they were  
involved or not, and where they were posted.)  

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- 3 What happened during the incident? (Note length of restraint if applicable)  
(Include what the youth did and how all staff who were present responded  
e.g. crowd control, videotape, participate in de-escalation/restraint, what the  
youth's reaction was, at what point did the youth comply, or not involved.)  

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- 4 What occurred after the incident? (Exact time of seclusion or details of other  
result for youth, medical care needed for anyone and type of medical care,  
etc.)  

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## D. The Details - continued

Was this a gang related incident?

- explain:

(Note that membership of a gang does **NOT** automatically imply that the incident is gang related!)

Was the incident videotaped?

☐ Yes

☐ No

If not , explain why not.

## E. Notifications

	Name of person notified:	Date/Time Notified:	Notified by:
<input type="checkbox"/> Parent/Guardian	_____	_____	_____
<input type="checkbox"/> Assistant Secretary	_____	_____	_____
<input type="checkbox"/> Area Director	_____	_____	_____
<input type="checkbox"/> On Call Admin.	_____	_____	_____
<input type="checkbox"/> DJS Investigator	_____	_____	_____
<input type="checkbox"/> DJS Child Advocate	_____	_____	_____
<input type="checkbox"/> Director of Capital	_____	_____	_____
<input type="checkbox"/> Local DSS	_____	_____	_____
<input type="checkbox"/> Law Enforcement	_____	_____	_____
<input type="checkbox"/> Program Admin	_____	_____	_____
<input type="checkbox"/> Case Worker	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____

## F. Authorizations

	Name:	Date/Time Authorized:	Notes:
<input type="checkbox"/> Seclusion Authorization	_____	_____	_____
<input type="checkbox"/> Physical Restraint Authorization	_____	_____	_____
<input type="checkbox"/> Mechanical Restraint Authorization	_____	_____	_____

## G. Statements

Statements of **all** youth & **all** staff involved or witnessing the incident should be attached separately to this report. Attached? ☐ Yes ☐ No (If not, explain why not)

\_\_\_\_\_  
\_\_\_\_\_

**This incident report is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Staff Member Completing Report

\_\_\_\_\_  
Date

## H. SHIFT COMMANDER/SUPERVISOR COMMENTS

(Must include critique of staff's handling of incident including whether decisions/actions could have been improved or whether staff did an exceptionally good job. Comment here so that staff can learn from this incident):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Shift Commander/Supervisor

\_\_\_\_\_  
Date

## CHECKLIST:

- |   |  |
|---|--|
| 1. Incident Report #: _____   | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 2. All sections filled out completely?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 3. Supervisor comments filled out?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 4. All youth/witness statements attached?   | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 5. Notifications made?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 6. Nurses Report of Injury attached? (+ Photos)   | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 7. Signed & dated?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 8. Checked for spelling, grammar and adequate details?  | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 9. Given to _____ to input?   | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 10. Additional supporting documentation attached, if applicable?<br>(Copies of seclusion sheets, suicide watch forms, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach explanation) |
| 11. Incident Report submitted to Child Protective Services?<br>(If applicable)  | <input type="checkbox"/> Yes <input type="checkbox"/> No      Date: __/__/__         |

(Make as many copies of this page as required.)

Date: \_\_\_\_\_

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

10/29/2007



## **A Step-by-Step Guide to Completing the Maryland Department of Juvenile Services’ *Incident Reporting Form***

**This manual provides guidance to all staff that may have the responsibility of reporting incidents of staff misconduct, youth- on-youth violence, uses of force and other types of incidents in compliance with the Department’s Incident Reporting policy.**

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## **What is the Purpose of an Incident Report?**

Successful juvenile detention work is a function of good information upon which teams can make insightful plans for troubled youth. Good information permits staff to monitor and adjust daily interventions with youth so as to maximize effectiveness. Good information helps staff operate a consistent program which simultaneously reduces the need for sanctions. For juvenile direct care staff, the foundation of good information is proficiency in behavior observation and recording.

One of the most important purposes of documentation is to help staff solve problems when serious, dangerous or criminal behaviors occur. Documentation serves as evidence that action was taken. It may be the critical factor in helping reduce liability among juvenile direct care staff.

*Complete and accurate documentation can help staff:*

- Be proactive in creating a safe environment for youth and staff;**
- Fulfill legal and ethical obligations;**
- Provide accountability for actions;**
- Predict behaviors;**
- Make quality based decisions;**
- Monitor changes in behavior;**
- Evaluate effectiveness of strategies;**
- Provide a baseline for evaluating program development;**
- Improve communication between staff and co-workers;**
- Improve timeliness and effectiveness of intervention strategies;**
- Facilitate interpersonal interactions that create trust;**
- Reinforce positive behaviors;**
- Minimize staff control measures;**
- Encourage positive youth involvement; and**
- Promote therapeutic relationships.**

## **When should Incident Reports be written?**

Memory and accuracy deteriorate over time; it is best to complete the incident report with a precise description of behavior as soon as possible. The DJS Incident Reporting Policy requires that incident reports be completed by the end of the shift in which the incident occurred.

## **Who might have access to Incident Reports?**

Incident reports are confidential. However, incident reports may be released in

accordance with state laws governing confidentiality. Information is available to DJS employees, supervisors, monitors, and investigators. With proper authority, reports may be released to law enforcement agency personnel, medical personnel, mental health professionals, attorneys, judges, members of the press, and others.

### **How can DJS Staff improve the quality of Incident Reports?**

Describe the factors that precipitated the event.  
Provide a detailed account of the incident in words that describe behaviors or actions.  
Provide a clear explanation with sufficient detail on what the individual both did and saw.  
Identify the exact role that each staff played in the restraint.  
Identify the particular hold used and describe the physical restraint used.  
Provide enough information so that an independent party, when reading it, can re-enact the event and can then determine whether the use of force was appropriate.  
Ensure that youth who were involved or are witnesses to an incident provide a statement (or their written refusal to provide a statement).  
Notify parents, facility and Department administrators, child protective services, and law enforcement, as required.

### **Completing the Incident Report (Step by Step)**

Write or print neatly and legibly in pen. The primary staff who was involved in the incident must complete Sections A, B, C, and D. Supervisors should complete Sections E, F, G, and H, if they were not involved in the incident. Witness Statements should be completed by all youth and all staff who witnessed the incident. It is the responsibility of the shift commander/supervisor to ensure that all witnesses complete a Witness Statement Form (Page 6).

#### **Page 1**

##### **A. Date, Time, and Location**

**Complete all sections. Do not leave any section blank.**

Incident Report #: To be completed by the shift commander/supervisor or data entry clerk as determined by each facility.

Facility: Insert the name of your facility

Location within Facility: Identify where the incident occurred within the facility

Date of Incident: Insert the date of the incident: month, day, year

Time of Incident: Insert the time the incident: include a.m. or p.m.

Date Reported: Insert the date reported: month, day, year

Time Reported: Insert the time you are completing the report: include a.m. or p.m.

Staff Filing Report: Print your first and last name if you are the primary staff person writing the report (this is not the data entry person).

Title: Print your title

Staff Involved: Print the name of any other staff involved in the incident

**B. Type of Incident**

**Complete this section.**

**Do not leave this section blank. Check all that apply.**

For example, in an incident where there was a fight between five youth, restraints were used and one youth claimed he was abused by staff, you would check four boxes: 1) youth on youth assault, 2) group disturbance, 3) physical restraint/restraints and 4) alleged child abuse by staff. Note that any Physical Restraint requires a detailed explanation in the Narrative portion of the report.

**Page 2**

**C. Youth Involved (Make as many copies of this page as required)**

**Complete all sections. Do not leave any sections blank.**

Assist # (if applicable): Print Assist number of youth involved

Name: Print first and last name of youth

Role in Incident: Check the appropriate box

Physical Restraint Used: Check the appropriate box

Injury Sustained? State the observable injury or the injury the youth complained of.  
If none observed, write *None Observable*

Duration of Physical Restraint: Check the appropriate box

Mechanical Restraint Used: Check the appropriate box

Duration of Mechanical Restraint: Check the appropriate box

Staff involved in restraint: Print the name of staff involved in the restraint

De-Escalation Efforts Made: Insert the de-escalation techniques used. (For example, verbal commands to calm down, walking near the youth to attract his attention, etc.)

Seclusion: Check Yes or No

Gang Involvement: Check known gang affiliation or check Unknown

Contraband Found: Check the appropriate box(es)

### **Page 3**

#### **D. The Details (Describe the incident in detail. Use additional sheets if necessary.) Respond to each question in Segment D.**

##### **1. What happened just before the incident?**

*Describe what happened just before the incident that the youth might be responding to. Was there a situation that the youth might have responded to? Was there a break in routine? Was there any indication that the youth(s) might become involved in a physical or verbal fight? Explain.*

Respond to this question by explaining what the youth were doing just prior to the incident. (18 youth in Unit A were watching television in the dayroom). If applicable, explain specifically, by name, if any youth or staff were becoming loud, using profanity, making accusations, having a verbal altercation, or otherwise indicating that an incident might occur. Identify who intervened at this time and what the intervention(s) were. (These might include a verbal warning, a separation of youth, staff moving next to a youth, etc.)

If there were no indications, explain what the youth were doing just prior to the incident and state that there were no observable indications that an incident might occur. (All 18 youth in Unit A were watching television in the dayroom. There were no observable indications of an incident. The incident appeared to be unprovoked.)

##### **2. Who was there when the incident occurred?**

*Where was staff posted? What youth were present? Where were they located? Include youth and staff if they were or were not involved in the incident.*

Respond to this question by identifying youth who were involved in the incident by first and last name, staff who were present by first and last name, and any witnesses who were present. State exactly where the youth were when the incident occurred. (Youth John Johnson and youth Tom Smith were sitting across from each other at the small table paying cards in the dayroom, the rest of Unit A were sitting around the room watching television.)

Identify staff who were present when the incident occurred by first and last name and title, and state where they were posted. (RA Mary Johnson was standing by the hallway door, RA James Jones was playing cards with the two youth, and RA Karen Smith was sitting by the kitchen door.)

### **3. What happened during the incident?**

*Provide a detailed account of the incident, including what youth did and said and how staff responded. If restraint was used, what type? What was the length of duration of the restraint? Include any crowd control or de-escalation techniques used. What was the duration of the incident? How did the youth respond and comply?*

The reader should have the ability to actually visualize and even re-create an event after reading the response to this question. It is essential that staff actions are detailed in response to this question.

- Respond to this question by stating what you observed and heard. Explain the incident in chronological order, using words like *first, then, next, finally*, to allow the reader to envision what happened in sequence.
- Use language that explains observable behaviors, not vague words. (not “youth was disrespecting me” Instead, “Youth James Jones called me a [use the exact words] and spit on my hand.”)
- If a fight or assault occurred, indicate if there was punching, kicking, exchanging blows, throwing something, spitting, etc.
- Repeat the language used by staff or youth. Express profanity by quoting directly, not by saying “youth used profanity.”
- Identify the volume of the language. “Youth was screaming, “I’m going to get you!”
- Identify what staff intervened, and in what way. Cite the specific physical hold or restraint used (passive restraint, side restraint, etc) stating exactly the role each staff played in the restraint. (R.A. James Jones held Tom’s right arm while R.A. Mary Smith held Tom’s left arm in a two-man escort.)
- State the duration (time length) of the restraint (“the restraint lasted about two minutes”; *or* “Because the youth continued to be extremely combative, trying to yank away, I restrained the youth using the cradle wrap using the least amount of force necessary for less than five minutes”)

### **4. What occurred after the incident?**

*Identify the exact time of seclusion and details of other results for youth. Identify the observable medical care needed for anyone.*

Respond to this question by explaining what happened after the incident occurred. Identify who escorted youth away and state where the youth were taken. (“Shift Commander Joan King arrived with mechanical restraints and placed them on Youth

James Jones. King took youth Jones to the nurse.”) If youth were placed on seclusion, indicate the exact time youth was placed in seclusion, and identify who escorted the youth(s). If known at this time, identify the length of seclusion. (Youth was in seclusion from 1:15 p.m. until 2:15 p.m). If a youth is in seclusion over 8 hours, you are required to update the Incident Report by checking the “Seclusion Over 8 Hours” box on the first page.

#### **Page 4**

##### **The Details (continued)**

Was this a gang related incident? Explain the reasons why it was a gang related incident. If not known, write *Unknown* in the space provided.

Was the incident videotaped? Check Yes or No

If not, explain why not: Provide an explanation as to why the incident was not videotaped. If your facility has overhead video surveillance equipment and you were in an observed area, your answer is “Yes”.

Explain exactly what each staff was doing at the time of the incident that prevented him or her from videotaping the incident.

**Person completing this incident report should proceed to page 5 to sign and date this report.**

*Person responsible for completing the following segments varies by facility.*

##### **E. Notifications**

Check who has been notified. Then in each category print the name of the person notified, the date and time of the notification, and the name of the person who notified each.

##### **F. Authorizations**

Check the authorizations for seclusion, physical restraint and or mechanical restraint, if used. For each, write the name of the person who authorized, the date and time authorized, and any notes that may provide additional information needed for review.

#### **Page 5**

##### **G. Statements**

Attach all statements by youth or staff involved or witnessing the incident.

Attached? Check Yes or No

If no, explain why not in the space provided.

#### **H. Shift Commander/Supervisor Comments**

*This segment is to be completed by the supervisor/shift commander.*

This should not be a summary of the incident. It should be a critique of the staff's performance and include comments on more effective interventions, if indicated. These comments should include a critical examination of staff ratios, postings, de-escalation actions, environmental issues, and any violations of policy or procedures.

#### **Checklist:**

Complete the checklist by checking Yes or No for each question. If something is missing, attach an explanation. This checklist helps you make sure you have done everything, so it won't be returned to you to complete.

#### **Page 6**

#### **Witness Statement Form (Youth/Staff)**

*This form is to be completed by all staff or youth who witnessed the incident. Copy as many as you need and attach them to the incident report.*



**MARYLAND DEPARTMENT OF JUVENILE SERVICES  
EMPLOYEE STATEMENT OF RECEIPT  
POLICY AND PROCEDURE**

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**SUBJECT:** Incident Reporting Policy  
**POLICY NUMBER:** MGMT-03-07  
**EFFECTIVE DATE:** November 28, 2007

---

I have received one copy (electronic or paper) of the Policy and/or Procedure as titled above.  
I acknowledge that I have read and understand the document, and agree to comply with it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

(THE ORIGINAL COPY MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR  
FOR FILING WITH PERSONNEL, AS APPROPRIATE.)